ATR Overview

Overview of RFP

- Access to Recovery (ATR) is a three-year grant from SAMHSA.
- The following are included among SAMHSA's expectations of the ATR program: 1) ensuring genuine, free and independent client choice for substance abuse clinical treatment and recovery support services appropriate to the level of care needed by the client (choice is defined as a client being able to choose from among two or more providers qualified to render the services needed by the client, among them at least one provider to which the client has no religious objection); 2) providing all substance abuse assessment, clinical treatment, and recovery support services funded through the ATR grant through vouchers given to a client; and 3) ensuring that faith-based organizations otherwise eligible to participate in this program are not discriminated against on the basis of their religious character or affiliation.
- Rhode Island's proposal was submitted to SAMHSA on June 7, 2007. Notification regarding funding was received on September 20, 2007.
- SAMHSA funded ATR grants in18 states, five tribal organizations, and the District of Columbia.
- Rhode Island will receive $2.75 million for each year of the three year program.

Statement of Need

- Results from a random sample of 72 males and the entire population of females (n=16) in residence at the RITS during April of 2006 indicated that RITS youth have high substance abuse-related needs. Reports from clinical social workers indicate that 58% (n = 42) of the males surveyed and 88% (n = 14) of the females surveyed could be diagnosed with a substance use disorder.
- DCYF estimates that out of the 13,584 calls received by the Department related to children's welfare during CY 2006, caretaker drug/alcohol abuse played a role 20% (n = 2,652) of the time. Out of the 2,076 total removals of children from the home in CY 2006, alcohol or drug abuse was estimated to play a role in the removal 32% (n = 654) of the time.
- Estimates from the 2004-2005 National Surveys on Drug Use and Health (NSDUH) indicate that Rhode Island had the second highest rate in the nation of individuals needing treatment for illicit drug use. NSDUH estimates that 3.25% of Rhode Island's population over the age of 12 needed but did not receive treatment for illicit drug use in the past year.

- The 2004-2005 NSDUH also indicates that the proportion of Rhode Islanders over the age of 12 needing but not receiving treatment for alcohol use is well above the national average, with 7.8% of Rhode Island's population over the age of 12 in need of alcohol treatment.
- These gaps in service delivery result from a variety of barriers.
    - Waitlists are problematic for all levels of care within the system, with waitlists to residential treatment options causing particular problems for inmates awaiting release from the Rhode Island corrections system. Estimates from the RI Department of Corrections (RIDOC) indicate that on any given day, 25 individuals remain in prison past their parole date because their parole is contingent upon receipt of residential-level treatment, and they are unable to access this level of care in the community.
    - RI has fewer than 50 beds available statewide for adolescent residential treatment, forming barriers to service access for this population. Only one residential treatment program is available for mothers and their children, forming another barrier to access, particularly for parents seeking residential treatment as part of a reunification plan with the Child Protective Services System. In fact, timely access to appropriate treatment and recovery services is critical for substance abusing parents involved in the Child Protective Services system, because the Adoption and Safe Families Act of 1997 states that in general, parents have no more than 12 – 15 months to demonstrate to the Court that they have made sufficient progress with their problems to warrant reunification with their children.
    - Rhode Island's treatment system also suffers from a limited number of state-funded slots for methadone treatment. Methadone treatment slots have the highest utilization levels of all modalities within the system, and individuals who are unable to pay for these services frequently do not receive services at all.
    - There are an inadequate number of bi-lingual treatment providers in the state-funded treatment system.
    - Finally, because state funds have not historically been used to provide recovery support services, availability of such services, particularly for clients receiving state-funded acute care, serves as an additional barrier to accessing appropriate care.

Goals of the Proposed Project

- To expand the capacity of the existing system by increasing the number of clinical treatment service providers and by increasing the availability of recovery support services, particularly from non-traditional and faith-based providers.
- To provide expanded service options for individuals released from the criminal justice system and for DCYF-involved parents with substance abuse issues, ensuring that

they have free and independent choice to select service providers that best meet their identified needs.

- To encourage the sustainability of the ATR project by forming lasting community partnerships and by demonstrating successful outcomes to Legislature and other funding entities in order to ensure that support extends well beyond the 3-year Federal funding.

How will the Proposed Program Expand System Capacity?

- RI currently licenses, but does not fund, 10 treatment providers in the state. These providers will be recruited for participation within the first 6 months of the program. Through technical assistance, it is our hope that an additional 4 treatment providers will obtain licensure by the end of the funding cycle.
- Independent providers in the community will be encouraged to work under the umbrella of a licensed provider to provide treatment services through this program. We anticipate recruiting 8 independent practitioners within the first 6 months and an additional 24 practitioners by then end of the funding cycle.
- State funds have not historically been used to provide recovery support services, and the current project will expand the availability of such services. We plan to recruit 15 recovery support providers during Y1, 15 during Y2, and an additional 10 during Y3.
- The capacity expansion encouraged through the ATR grant would allow an additional 472 clients to be served in the first year, 1022 to be served in the second year, and 1022 in the final year